

03500.014659.1



Long

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Bollinger
NAOJI OTSUKA)	
	:	Group Art Unit: 3653 ¹
Appln. No.: 10/733,360)	
	:	
Filed: December 12, 2003)	
	:	
For: PRINTING APPARATUS AND)	
PRINTING METHOD	:	April 15, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Introductory Comments

Further to the Preliminary Amendment filed December 12, 2003, and prior to examination on the merits, the Examiner is respectfully requested to amend the above-identified application as follows.

04/16/2004 BABRAHA1 00000069 10733360

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516.00 OP



In re Application of:

Docket No.: 03500.014659.1

NAOJI OTSUKA

Application No.: 10/733,360

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Date: April 15, 2004

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	= 0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	9	MINUS	3	= 6	x \$43 \$86	\$516.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$516.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$516.00 is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicant

Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
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MAW\mt